



# Youth Advisory Council Supplemental APPLICATION

*Complete this form and upload it with your application on the  
County's Boards and Commissions Application Form*

<b>School Type</b>	Public School Private School Homeschool Non-student
<b>Name of School (if applicable)</b>	
<b>School Grade (during the 25/26 academic year)</b>	Freshman Sophomore Junior Senior Undergraduate Graduate Other
<b>Age</b>	

<p><b>Short Answer (150-300 words):</b> Explain why you would like to be a member of the Youth Advisory Council; 2) what you hope to gain from being a part of the Youth Advisory Council, and 3) why you feel it is important to have a Youth Advisory Council.</p>

<p><b>Short Answer (150-300 words):</b> Describe 1) one issue of importance in the county; 2) why you are passionate about that issue, and 3) how you could address this issue if you were selected to join the Youth Advisory Council.</p>

**COMMITMENT**

By signing below and if selected, I understand that I am committing to an active involvement in the Youth Advisory Council. I am committing to participate in all council meetings and activities.

**MEDIA RELEASE**

I hereby grant the Anne Arundel County Office of the County Executive the right to obtain and/or use

my photograph, digitalized image, video and/or voice recording  
my child's photograph, digitalized image, video and/or voice recording  
for Anne Arundel County publicity purposes.

I understand that such media and all subsequent uses of that media, including publications, presentations, web sites, videos, multimedia productions, and social media posts, become the property of Anne Arundel County and may be disseminated to the public via appropriate media channels.

Anne Arundel County shall be the sole owner of all right, title, and interest in and to the photographs and recording hereunder, and no one, including myself, shall have any right of action against the county or any other party arising out of existence or any use of the photographs or recordings, regardless of the cause of action that may exist or be alleged.

I certify that everything written in this application is accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARENT OR GUARDIAN IF APPLICANT IS UNDER 18:**

I have reviewed this application and I authorize my daughter/son/legal dependent to apply to the Youth Advisory Council.

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"All qualified applicants will receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, mental or physical disability, genetic information, veteran status, political affiliation, or any other status protected by federal, state, or county law."*